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Special Committee on Sedation Dentistry October 10, 2024

Chairman Carpenter and members of the Committee,

Thank you for the opportunity to share this testimony with the committee. I am Dr. MaryAnne Lynch Small, a dentist by training and the Medicaid Projects Manager at Oral Health Kansas Inc. Oral Health Kansas Inc is the statewide advocacy organization dedicated to promoting the importance of lifelong dental health through education, awareness and shaping policy. Through this role, I oversee many of the projects and associated teams related to oral health and oral healthcare access for individuals with disabilities and sedation dental care services.

Review of the Problem

Achieving and maintaining a state of oral health facilitates many of the tasks of daily living that most of us take for granted. Eating, sleeping, smiling, talking, learning, working, socializing, and more, are all inextricably linked to our oral health. To achieve and maintain this, we need to have access to dental healthcare. However, accessing this essential care is significantly more difficult for some individuals in our community.

Dental care utilizing sedation is not considered first line treatment, however, for certain individuals it offers the only route to dental health and maintenance. This need is substantially more prevalent among people with disabilities. In Kansas, the unmet need for sedation dental care is high. At Oral Health Kansas, individuals, families, and caregivers seeking help finding sedation dental care is among our most frequent requests, with incidences of individuals having to forgo care due to a lack of available services, thus putting the life, health, and well-being of Kansans at risk. If individuals/families find such care, reports of lengthy wait times and travelling more than 3 hours each way are not outside the norm. The challenge experienced by Kansans is even echoed by Medicaid Managed Care Organizations' Care Coordinators who are increasingly turning to us in an attempt to locate care for their members.

Sedation Dental Care Task Force

In recognition of the gravely disproportionate oral health status of many individuals with disabilities across the country, Oral Health Kansas and several of our partners began working with the American Dental Association's Dental Quality Alliance in 2019 to explore this issue in Kansas. Beginning as 'Dental Homes for Kids', a program designed to connect children with disabilities to dental offices, our scope has since broadened to address the stark need for oral healthcare faced by adults with disabilities and evolved with our growing understanding that the oral health inequities faced by people with disabilities does not have a simple, singular solution. This evolution has resulted in 'Pathways to Oral Health', a project led by Oral Health Kansas dedicated to improving oral health and oral healthcare access for Kansans with disabilities. Our Pathways to Oral Health team is purposefully multisectoral and includes dental professionals, community members, the Kansas Department of Health and Environment, the KanCare Managed Care Organizations, Community Care Network, InterHab, and more. The collaborative nature of our team allows communities, healthcare professionals, and insurance

organizations to work together to address the barriers to health faced by people with disabilities.

It was through this project that we uncovered the scale and persistence of the struggles faced by individuals and families who require sedation dental care. As stated, sedation is not to be routinely used as a first line option, however, in specific circumstances, it offers the safest and most viable option to access dental healthcare. This need is more prevalent among those with disabilities.

To ensure dental healthcare is available to all Kansans, particularly those who have both historically and unfortunately continue to struggle to get the care they need, sedation dental care access must be addressed. To do so, the decision was made in 2022 to create a Pathways to Oral Health subgroup dedicated to this issue, the Sedation Dental Care Task Force. The Sedation Dental Care Task Force is a team committed to addressing the barriers faced by Kansans trying to access sedation dental care. Like Pathways to Oral Health, the team is comprised of representatives from across relevant sectors: dental providers, anesthesia service providers, community members with lived experience, and the KanCare Managed Care Organizations.

The Sedation Dental Care Task Force is supported by Oral Health Kansas' Lived Experience Advisory Group, a collective of individuals and parents/caregivers who have Medicaid experience, many of whom have firsthand experience attempting to access sedation dental care for themselves or a family member. The experience of members helps us both identify barriers to care and solutions to improve the system as well as illustrate why challenges are urgent and important. The voice of Kansans drives our work.

To complement this group and in acknowledgment of the role dental providers play in dental healthcare access, including sedation dental care access, we are in the process of launching the Dental Provider Advisory Group. Listening to and leveraging the voice of the dental healthcare workforce is critical to guarantee all Kansans have access to safe and equitable healthcare. We envision our Dental Provider Advisory Group as a forum for dental healthcare workers from across the state to shape Oral Health Kansas' advocacy efforts, direct workforce communications and, through collaboration with our existing Lived Experience Advisory Group and other work groups, bridge the gap between the dental healthcare workforce, communities, policy makers, and the insurance industry. With direct relation to sedation dental care, we have highlighted sedation dental care access as a core topic of discussion. Understanding provider barriers to offering care will help refine solutions moving forward. We aim to begin meetings in the coming months.

Sedation Dental Care Task Force- Barriers Identified

Sedation dental care access is a persistent and complex issue. This disproportionately impacts Kansans with disabilities. The Sedation Dental Care Task Force identified the following barriers to care:

- **Limited Participation by Kansas Dental Providers in the KanCare Dental Program-** Reports describing an inability to find a dental provider who will accept Medicaid and/or long wait times for Medicaid recipients are commonplace. This is greatly heightened among individuals with disabilities. At present, recruitment and sustainment of Medicaid dental providers is low- the American Dental Association estimates only 39% of dentists in Kansas participate in Medicaid- this is below the national average of 43%. This figure may also overestimate dental workforce Medicaid participation and mask so-called 'meaningful' participation as it does not inform us as to how many providers are accepting new patients and the proportion of a given providers' patient base who have Medicaid insurance e.g. a dentist may only accept a very small number of Medicaid insured individuals in their practice and still be deemed a Medicaid provider. Difficulty finding a dentist who participates in Medicaid increases in adulthood. This issue is reflected in national American Dental Association data which reveals 73% of pediatric dentists participate in Medicaid compared to only 43% of general practice dentists.

The difficulty finding dental care as one ages out of childhood programs is compounded among individuals with disabilities. This is in part due to differences in education and

training- pediatric dentists receive comprehensive training in the delivery of care for people with disabilities compared to their adult general dentistry counterparts, however, are often unable to deal with dental issues unique to adults. Kansas dental providers cite several reasons for not accepting patients who have Medicaid insurance, with low reimbursement rates frequently identified as the central concern. Other barriers posited include administrative burden and negative assumptions regarding the Medicaid population. Inadequate reimbursement is again core to dental providers' decision not to serve individuals with disabilities. However, barriers unique to serving people with disabilities also exist, including lack of dental provider and dental team training and education, increased time required to appropriately serve this population, lack of resources, a misunderstanding that there are other providers who will see this population, and persisting social stigma. The unfortunate result is a synergistic effect in which the barriers to dental care for an individual with a disability in the Medicaid program is even greater than the sum of its parts. [hpigraphic_0820_1.pdf \(ada.org\)](#)

- **Historically, dental providers have received little to no training during their formal dental education with respect to serving individuals with disabilities.** Although moving forward dental schools will be mandated to provide such education and training in accordance with changing dental school accreditation standards, the existing United States dental workforce express having reduced experience and confidence serving this population. This, among other barriers described above, unfortunately results in many providers not seeing patients with disabilities without considering each unique individual's ability to successfully complete a dental visit without the need for additional services such as sedation or specialist care. This lack of education and confidence may contribute to the 'knee-jerk' reaction to send an individual with a disability for sedation dental care when this may not be necessary.

Dr. Steven Perlman, a national leader in the push to improve oral health and dental healthcare for people with disabilities and founder of the Healthy Athletes Program for Special Olympics, stated in 2021 that 90% of people with a disability can be appropriately cared for in a general dental practice setting with behavioral guidance techniques and destigmatization of the dental team. He concluded that many individuals with disabilities can forgo sedation altogether or only require sedation when more invasive/complex treatments are required. Much of this stems from a greater societal misunderstanding of disability and what it means to interact with the world as a person with a disability. At present, many of such alternative options are not reimbursed. <https://www.deltadental.foundation/blog/people-with-disabilities-still-face-barriers-accessing-dental-care>

- **Individuals, their families/caregivers, and the greater community often have no/minimal education with respect to oral health, dental healthcare, and sedation dental care for people with disabilities.** Further, there are reports of individuals and their families/caregivers receiving little to no guidance on how to navigate the systems to access the care they need. This includes education and guidance on alternative options to sedation, such as the engagement in communication techniques, dental setting acclimatization, behavioral techniques, and more. In essence, we lack education for individuals with disabilities and their families/caregivers both describing how to best care for their oral health, including how to prevent the need for restorative dental procedures, and with respect to an individuals' need for sedation dental care. It is important individuals, families and caregivers, and the greater community understand that having a disability does not mean a person automatically need sedation for dental care and requiring sedation dental care for a given dental visit does not mean that individual requires dental sedation care for all dental visits thereafter. The provision of such education and associated resources

may increase one's ability to advocate for their own dental health/dental healthcare or that of an individual in which they care for.

- **There is no reliable list/directory of sedation dental care providers in the state.** This has resulted in excessive strain on people who require sedation services and their caregivers to find such care, often with inadequate guidance. When families are given dozens of phone numbers of potential providers to contact, they are given false hope that they can find care easily, but this is not the case. Similarly, care coordinators and dental offices struggle to make appropriate referrals for their members/patients. Statewide knowledge of the existing dental sedation provider network, including geographical location, sedation types offered, populations served, and insurances accepted, would facilitate targeted work to improve sedation care access in service shortage areas and allow for appropriate care coordination and referral by individual need.
- **Varying levels of sedation are available, and the best form of sedation is dependent on patient need, patient overall health, and dental treatment required.** The in-office sedation element is frequently provided by a third party certified registered nurse anesthetist (CRNA). Mirroring concerns regarding Medicaid participation and distribution of dental providers, it is reported the number and availability of CRNAs who provide sedation for dental procedures is low. The Sedation Dental Care Task Force membership includes two of such providers, Advanced Specialty Anesthesia (ASA) and Special Anesthesia Services (SAS), who provide much of the mobile anesthesia services for dental procedures across the state. Only one other organization who provides such services in the Kansas City area has been identified. At present, the Kansas Medicaid rate for CRNAs is \$18.97 for every 15 minutes of service provided. CRNAs describe this as an inadequate reimbursement to appropriately serve those requiring sedation, particularly individuals with disabilities who frequently have complex healthcare needs. Such cases require significant pre-operative and post-operative work, adding to the time, staffing, and equipment burden placed on the CRNA.

Due to the low rate, individual sedation providers have had to negotiate rates with the KanCare Managed Care Organizations to make this sustainable and to allow them to provide sedation services to individuals insured by Medicaid. Rate related barriers for CRNAs are compounded by reimbursement issues related to dual Medicare Advantage- Medicaid individuals. As Medicaid is the payor of last resort in such circumstances and due to the application of 'lesser of logic' when billing for sedation services, CRNAs are receiving the federally set Medicare rate when billing for this service. This is also very low and is not sustainable to continue providing sedation for this population for this fee. For dual insured patients, the CRNA cannot then receive their negotiated Medicaid reimbursement due to the default payment rules mentioned above.

- **In-hospital sedation is required for some individuals.** This is typically due to complex medical needs. Dentists have found it difficult to schedule operating room time in hospital settings for this procedure, so we were grateful for the Medicaid program implementing a policy change last fall to cover the G0330 code which pays the hospital and ambulatory care center a facility fee of \$1722 for dental procedures. Unfortunately, utilization has been low and access to surgical space for dental procedures is still difficult.

Sedation Dental Care Task Force- Activities

The Sedation Dental Care Task Force is dedicated to eliminating barriers to sedation dental care access and ensuring timely access to this essential service for all Kansans. To do so, we must have a sustainable dental and anesthetist provider network and facilitate the appropriate use of sedation services based on individual need, not assumption of need. To move towards this goal, the Sedation Dental Care Task Force has engaged in the following activities:

1. **Understanding the Existing Sedation Dental Provider Network-** Recognizing the need to gain a better understanding of our state's sedation dental provider network, Oral Health Kansas, in consultation with the Sedation Dental Care Task Force, made recommendations for the 2025 KanCare Managed Care Organization Request for Proposal. We were pleased to see the requirement of the Managed Care Organizations to maintain a list of sedation dental providers included in the RFP. Whilst tracking the number of Medicaid dental providers who can provide sedation dental services is critical, to gain a fuller and more meaningful understanding of the network further information is required.
2. **Understanding the Existing Sedation Dental Provider Network Part II-** Individuals and families/caregivers who require dental sedation services are frequently given a list of possible dental providers who may be able to serve them. This list often leads to repeated rejection and endless hours of both community members' and dental teams' time wasted. To appropriately connect individuals to dental service settings with the personnel and resources able to safely serve them, further information about service settings is required. For example, what level of sedation is offered, what insurance is accepted, what populations do they see, and what geographic areas do they serve. Having this information will facilitate appropriate and efficient care coordination/case management, reduce the strain placed on the community and providers, and highlight network inadequacies across the state. To gather this data, the Sedation Dental Care Task Force have designed a survey due to be administered to KanCare dental service settings across the state. Further information about this survey will be provided in testimony by Tanya Dorf Brunner of Oral Health Kansas.
3. **Dental Provider/Dental Team Education-** Dental providers and their teams must be supported to competently and confidently serve individuals with a disability. This includes demystifying disability, fostering a dental team approach, and the provision of skills and resources such as simple dental office sensory adaptations and behavioral approaches. Increasing the confidence of dental providers to see individuals with disabilities will in turn reduce the reflex to refer this population for sedation when it may not be required. The Sedation Dental Care Task Force, as part of the overarching Pathways to Oral Health project, partnered with the University of Kansas Project ECHO team to create and deliver a 5-session education series for dental teams titled, 'Accessible Oral Health ECHO: Building Confidence in Serving People with Disabilities'. Feedback was incredibly positive, with more than 90% of participants stating they gained helpful knowledge from the education series and 85% revealing they obtained helpful skills and techniques that will improve their professional practice. We aim to offer this series again in the near future and encourage all dental teams to attend.
4. **My Dental Care Passport-** My Dental Care Passport is a communication tool created by Oral Health Kansas and our partners designed to improve the dental office visit for people with disabilities by letting individuals and their families/caregivers voice their specific needs. It was designed by the parent of an adult son with autism to help people with disabilities share with dental offices things like how they like to communicate, what worked well in past dentist visits, and what parts of the appointment might be hard for them. Sharing such information helps break down communication barriers and allows the dental team to make changes to the dental office and appointment plan before the person even arrives. This allows the dentist and their team to best prepare for the dental visit and thus increases the likelihood of success. Through following guidance from the individual and their family/caregiver, the need for sedation may even be removed and/or reduced. After the Passport made its debut a couple of years ago, we worked with our partners, including all of the MCOs to refine it. The current MCOs and KDHE have all endorsed it. We consider it a living document, and we anticipate it will continue to be refined and improved. Along with

the Passport, we have created help sheets for both providers and consumers to understand how to use it, as well as a short informational video. Everything is available on our website: <https://oralhealthkansas.org/DentalPassport.html>

5. **Code G0330-** In 2023, several dental organizations including the American Dental Association and the American Academy of Pediatric Dentistry worked with CMS to develop the code G0330 for dental procedures within hospital and ambulatory surgical center settings. The fee structure was recommended by CMS. The Sedation Dental Care Task Force worked to ensure this code was available in Medicaid in Kansas. In September 2023, the Kansas State Medicaid Program adopted the code so, at present, hospitals within Kansas are reimbursed \$1722 for dental procedures.

Existing Sedation Dental Provider and Anesthesia Provider Data

As described, understanding the existing sedation dental provider and anesthesia provider network is essential to identify shortcomings in network adequacy and advance solutions to ensure appropriate coverage. This goes hand in hand with bettering our understanding of the Medicaid dental provider network as a whole. Below I present existing data sources in the state.

- **Kansas Dental Board**

The Kansas Dental Board tracks the number of dentists who are qualified to provide differing levels of sedation. This data includes Medicaid and non-Medicaid providers. It is important to note this is a qualification certifying one's ability to provide the sedation itself, not the associated dental care which is provided whilst the patient is sedated. The levels of sedation can be generalized into 3 levels: level 1- conscious sedation, level 2- deep sedation, and level 3- general anesthesia. Dentists who receive such qualifications are typically oral surgery or pediatric specialists. Recent data indicates that in 2023, there were 191 dental providers qualified to provide level 1 sedation, 43 dental providers qualified to provide level 2 sedation, and 69 dental providers qualified to provide level 3 sedation.

We are grateful to the Dental Board for collecting these sedation metrics. However, as sedation dentistry evolves, it is increasingly encouraged that the sedation and dental procedures are not provided by the same individual simultaneously. This means that dentists do not need a qualification to provide sedation itself to provide dental care for patients under sedation in partnership with a 3rd party sedation provider, like CRNAs as described above. Further, there is no supporting data regarding whether the individuals who are qualified to provide sedation services actually provide this care, at what frequency, for what populations, and accept which insurance types among other questions.

This provides us with an opportunity to update the sedation data collection during the licensure and licensure renewal processes in order to gain a greater and enduring understanding of the status of both Medicaid and non-Medicaid sedation dental providers in the state.

- **KDHE Report**

We commend the 'Kansas Medicaid: Sedation Dentistry Report' created by the Kansas Department of Health and Environment and requested by the Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight. This was an essential step to affirm some of the posited barriers related to sedation dental care access and begin to build our baseline understanding of the current Medicaid sedation dental provider network. We identified three distinct items from the report that we believe warrant further investigation; the low Medicaid reimbursement rates compared to neighboring states, delineation of the individual sedation codes utilized by the distinct providers, Indian Health Services providers and Federally Qualified Health Centers identified,

and the identification of the frequency of use of each sedation code billed by each provider/site.

Conclusion

In summary, there is great unmet sedation dental care need disproportionately impacting Kansans with disabilities on the Medicaid program. The barriers to care are multifactorial and complex. The Sedation Dental Care Task Force is dedicated to addressing these barriers and greatly appreciate the committee's time and commitment to this issue. Recommendations based on the work of the Sedation Dental Care Task Force and Oral Health Kansas are described in testimony provided by Tanya Dorf Brunner.